



Visitor Fall Response Audit Checklist

Visitor falls, like patient falls, pose a potential safety issue, which may require further evaluation and assessment in order to determine cause. This checklist can be used after a visitor fall to evaluate your staff response to visitor fall and determine necessary corrective actions.

	Yes	No
Immediate Response to Visitor Fall		
Was immediate assistance provided to the victim?	<input type="checkbox"/>	<input type="checkbox"/>
Was the victim appropriately transported to the emergency department or exam room for clinical evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
Did nonclinical personnel (e.g. receptionists, housekeeping staff) respond appropriately by calling for clinical assistance and not attempting to lift the fallen victim off the ground?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Post Fall Response		
Was a post-fall assessment completed upon discovery of the fallen victim?	<input type="checkbox"/>	<input type="checkbox"/>
Was the following information documented on an organization approved event report form:		
The location of the fall	<input type="checkbox"/>	<input type="checkbox"/>
The date and time of the fall?	<input type="checkbox"/>	<input type="checkbox"/>
A factual account of the fall and/or condition of the visitor at the time the fall was discovered?	<input type="checkbox"/>	<input type="checkbox"/>
Names of those who witnessed or discovered the fall?	<input type="checkbox"/>	<input type="checkbox"/>
A description of any sustained injuries?	<input type="checkbox"/>	<input type="checkbox"/>
A list of environmental factors?	<input type="checkbox"/>	<input type="checkbox"/>
A statement by the visitor regarding the fall?	<input type="checkbox"/>	<input type="checkbox"/>
Was an accident investigation completed immediately following the discovery of the visitor fall?	<input type="checkbox"/>	<input type="checkbox"/>
Did the assessment of the scene include:		
Inspection of the site, equipment, materials that were involved in the accident/incident?	<input type="checkbox"/>	<input type="checkbox"/>
Was the site secured, especially in the case of a critical injury?	<input type="checkbox"/>	<input type="checkbox"/>
Were photographs, sketches, and drawings of the accident/incident scene used to indicate sizes, distances and weights of objects as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
Did the response include interviewing:		

Visitor involved?	<input type="checkbox"/>	<input type="checkbox"/>
Any eyewitnesses?	<input type="checkbox"/>	<input type="checkbox"/>
Outside experts if applicable, i.e. suppliers, equipment designers?	<input type="checkbox"/>	<input type="checkbox"/>
Were contributing factors considered, including people, equipment, material, environment, processes?	<input type="checkbox"/>	<input type="checkbox"/>
Are victims who refuse to be seen asked to sign a refusal to be seen statement?	<input type="checkbox"/>	<input type="checkbox"/>
Are victims provided with information on planned follow-up to the incident (risk management contact, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
Accident/Incident Investigation Report		
Were all findings of the accident/incident investigation recorded on a standard investigation reporting form to ensure that all requirements of the written investigation procedure were captured?	<input type="checkbox"/>	<input type="checkbox"/>
Notes:		

Medical Mutual's "Checklists" are offered as reference information only and are not intended to establish practice standards or serve as legal advice. MMIC recommends you obtain a legal opinion from a qualified attorney for any specific application to your practice.